17119 U.S. PT

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UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No.	500.43371X00
First Inventor	MIKAMI, SHOUGO
Title	METHOD, APPARATUS, AND COMPUTER READABLE MEDIUM FOR MANAGING REPLICATION OF BACK-UP OBJECT

	IK	ANSMITTAL		READABLE MEDIUM FOR MANAGING REPLICAT					
(Only for new nonpro	vision	al applications under 37 CFR 1.53(b))	Title		OF BACK-U	IP OBJECT			
			Express N	fail Label No.					
SEE MPEP cha		PPLICATION ELEMENTS 00 concerning utility patent application c	ADDRESS	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450					
(Submit a	n origi claims FR 1.2	Form (e.g., PTO/SB/17) inal and a duplicate for fee processing) is small entity status. it. it. it. it. it. it. it. it. it. it		Com 8. Nucleotide fif applicabl a. Com	Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission fif applicable, all necessary)				
		gement set forth below)		i D CD-ROM or CD-R (2 copies); or					
-Descripti -Cross Re -Stateme -Reference	ve title eferend nt Reg ce to se	of the invention to to Related Applications arding Fed sponsored R & D equence listing, a table, program listing appendix		ii	☐ paper ements verifyir				
•		the Invention		AC	COMPANY	ING APPLI	CATION PARTS		
	scriptic	of the Invention on of the Drawings (<i>if filed</i>)		9. Assig	gnment Paper	s (cover shee	t & documents(s))		
-Claim(s)		Disclosure			FR 3.73(b) Stantach there is an a		Power of Attorney		
K-71		U.S.C. 113) [Total Sheets: 12]		11. Engl	ish Translatior	Document (i	<u></u>		
5. Oath or Declaration	on	[Total Sheets:]		State	mation Disclos ement (IDS)/P	TO-1449	Copies of IDS Citations		
		ed (original or copy)			minary Amend				
• • •	•	rior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed)		(Sho	(Should be specifically itemized)				
		TION OF INVENTOR(S)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
		statement attached deleting inventor(s) in the prior application, see 37 CFR	16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35						
1	.63(d)((2) and 1.33(b)		or its	equivalent.	ani musi aliai	GITIOIIII F 1 0/36/33		
6. Application	n Data	a Sheet. See 37 CFR 1.76					ard Payment Form, er 37 CFR 1.56 w/refs		
		APPLICATION, check appropriate box ta Sheet under 37 CFR 1.76:	x, and supp						
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		part of the disclosure of the accompanyir My be relied upon when a portion has bee							
		19. COF	RRESPOND	ENCE ADDRESS					
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Name (Print/Type)	D ₂	Lul 다. Skwierawski	Telephone	(703) 312-6600 Registration No. (A	Attorney/Agent	Fax	(703) 312-6666		
Signature	17			, registration ivo. (A	omey/Ayell	Date	32,173 December 24, 2003		
Jigiraturo		tand 11. Aboversanch				Date	December 24, 2003		

This collection of information is required by $\frac{1}{37}$ CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL					H	Complete if Known					
							Application Number				
for FY 2004						Fi	Filing Date			December 24, 2003	
p 10111 200 1					Fi	First Named Inventor			MIKAMI, SHOUGO		
Effective 10/01/2003. Patent fees are subject to annual revision.					E	Examiner Name					
☐ Applicant claims small entity status. See 37 CFR 1.27					Αı	Art Unit					
TOTAL AMOUNT OF PAYMENT (\$) 770.00					A	Attorney Docket No. 500.43371X00					
METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)					
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The Director is ☐ Charge fee	s authoriz e(s) indicate	ed to: (d ed belov	check all tha v ⊠ Credi	t <i>apply</i>) t any overp	ayments	1052	50	2052		urcharge – late provisional filing fee or over sheet	
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	ntity Smal		Fee Descript	ion	Fee Paid	1252	420	2252		xtension for reply within second month	
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2. EXTRA C	CLAIM FE	ES FC	R UTILITY	AND RE	ISSUE	1452	110	2452		etition to revive - unavoidable	
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703-312-6600 Name (Print/Type) (Attorney/Agent) 32,173 Telephone Paul J. Skwierawski Signature 12/24/2003

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